FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -6 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18059 (8)

1. Corporation Name

WOODLAND CIRCLE, INC.

Principal Place of Business	Mailing Address
53 WOODLAND CIRCLE HAINES CITY FL 33844	53 WOODLAND CIRCLE HAINES CITY FL 33844

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1986
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2780818 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

QUALKINBUSH, WILLIAM
53 WOODLAND CIRCLE
WOODLAAND CIRCLE
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	S	☑ Change ☐ Addition
NAME	SMITH, MERLE	1.2 NAME	Smith, Merle	
STREET ADDRESS	37 WOODLAND CIRCLE	1.3 STREET ADDRESS	51 Woodland Circle	
CITY-ST-ZIP	HAINES CITY FL	1.4 CITY-ST-ZIP	Haines City, Fl, 33844	
TITLE	D	2.1 TITLE	P	☑ Change ☐ Addition
NAME	WARREN, CLAYDE	2.2 NAME	Warren, Clyde	
STREET ADDRESS	43 WOODLAND CIRCLE	2.3 STREET ADDRESS	43 Woodland Circle	
CITY-ST-ZIP	HAINES CITY FL	2.4 CITY-ST-ZIP	Haines City, Fl, 33844	
TITLE	D	3.1 TITLE	D	☑ Change ☐ Addition
NAME	QUALKINBUSH, EVA	3.2 NAME	Qualkinbush, Eva	
STREET ADDRESS	43 WOODLAND CIRCLE	3.3 STREET ADDRESS	53 Woodland Circle	
CITY-ST-ZIP	HAINES CITY FL	3.4 CITY-ST-ZIP	Haines City, Fl, 33844	
TITLE	D	4.1 TITLE	P	☐ Change ☑ Addition
NAME	ZELLNER, VIRGINIA	4.2 NAME	Warren, Rosemary	
STREET ADDRESS	57 WOODLAND CIRCLE	4.3 STREET ADDRESS	43 Woodland Circle	
CITY-ST-ZIP	HAINES CITY FL	4.4 CITY-ST-ZIP	Haines City, Fl, 33844	
TITLE		5.1 TITLE	D	☐ Change ☑ Addition
NAME		5.2 NAME	Niles, Norma	
STREET ADDRESS		5.3 STREET ADDRESS	21 Cypress Run	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Haines City, Fl. 33844	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Merle W. Smith
Merle W. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

3-1-95
Date

813-439-3172
Daytime Phone #

0097078